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Some Remarks on Pott's Disease, Its Treatment, Appliances, Etc.

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A FEW weeks ago a gentleman walked into my office and remarked that he was ill and had been so for some fourteen months, and seemed to be gradually getting worse. His facial expressions, tone of voice, somewhat hurried respirations and his unnatural effort in sitting down and arising from his chair were so characteristic of spinal trouble that I commenced to quiz him from that standpoint. I asked him to arise from his chair and walk across the room. In doing so a rigidity of the spine was plainly manifest, in connection with some elevation of the shoulders and a swinging motion in his walk. I noticed, when standing for a moment, he would support himself with one or both hands upon the table or desk, and in answer to my query relative to pain, and if he experienced any to locate it, replied that he had experienced a dull, aching pain around the lower true ribs and through the abdomen most of the time from the inception of his failing health, extending over the past year. There were present an exaggerated knee jerk and a slight anesthesia of the skin of

the feet and legs. The bowels were constipated; the function of the bladder was not interfered with.

I had him strip to the waist, when a marked kyphosis was observable, corresponding with the eighth, ninth and tenth dorsal vertebræ. I then placed him prone upon a couch on his stomach, grasping his ankles and elevating the legs. A marked spasm of the dorsal muscles was manifest. The examination carried to this point convinced me that I had to deal with a case of Pott's disease, caused, no doubt, from an injury received some two years previous by coming in contact with an elevator while carrying a heavy box upon his shoulder.

A prominent symptom of his decline, coming on a few months after his injury, was a soreness and pain in the lower chest walls and in his bowels. He first sought medical aid for relief from this pain. His physician diagnosed his trouble as rheumatism, and had him on anti-rheumatic treatment for six months and, of course, without relief of his pain.

Now, let us see if we can establish

any connection between this intercostal and abdominal pain, experienced in Pott's disease of the spine, and the destructive, inflammatory process going on in the diseased vertebra. Anatomy teaches us that the functions of the abdominal organs are controlled through the impulse of the sympathetic nervous system, which, through its numerous ganglia and communicating branches that convey both motor and sensory impressions, reach the spinal cord. The intercostal nerves, originating in the spinal cord, supplying the intercostal muscles and parieties of the thorax and abdomen, are connected with the sympathetic through communicating branches to the dorsal ganglia of the sympathetic system. Now, having established the chain of nerves between the abdominal viscera, chest walls and the spinal cord, we can readily understand the extending sympathy to these parts from an existing osteitis and its accompanying spinal meningitis.

As I remarked above, the patient manifested an exaggerated knee jerk and to a small degree an anesthesia of the feet and legs. This feature of his trouble can be accounted for from an existing spinal meningitis and its resulting inflammatory deposits encroaching upon the cord in the diseased area. His occupation is and has been somewhat embarrassing to his affliction, being a civil engineer, his work requiring more or less stooping and bending of his body.

Regarding treatment of cases of this kind, what can be suggested? As a rule internal medication accomplishes

but little, unless, as was manifest in this case, we find a poor appetite, cold extremities and a gradual loss of flesh. This condition would suggest peptics, tonics and stimulants on alternate days, with a well regulated diet. I suggested

R Syrup of lactophosphate of lime.....fl. ℥iv

Fowler's solution of arsenic...3j
a teaspoonful after each meal every other day, and on alternate days, mornings and evenings,

R Nit. of strychnia.....gr. 1-40
doses hypodermically administered. This treatment materially benefited him, whipping up his appetite, increasing his strength and giving him a better circulation. At the outset the abdominal and intercostal pain was severe enough to demand relief, for which I gave, hypodermically near the existing kyphosis, hydrochloride of heroine in 1-15 grain doses in the evening, which gave marked relief; and in this connection let me suggest the use of this new salt of morphine in place of the other salts in common use. Eight grains to the ounce of sterilized water is the standard solution, of which the hypodermic dose varies from two to five drops—1-30th to 1-12th of a grain—the medium dose for an adult being three drops in four times its bulk of sterilized water, and is indicated in asthma, neuralgia, rheumatism, dyspnoea of the lung, heart affection and spasmodic whooping cough. Two or three drops taken on a little sugar will relieve an harrassing, tickling cough. Given in larger doses than indicated above, its action needs to be watched;

if the effect is too pronounced give a few sips of brandy or a sniff of amyl nitrite, remembering that you have to do with an active agent. Given in proper doses it rarely provokes nausea or constipation.

To give mechanical support to the weakened spine, I applied a plaster paris jacket, which, when carefully applied and moulded to the form while the patient is suspended, makes an efficient appliance, with its material readily to be obtained and its cheapness to commend it. Where from force of circumstance a patient with Pott's disease must be about looking after business affairs, an appliance of this nature is indispensable. It may be so arranged that it can be removed at night by having it cut down in front, its edges bound with leather supplied with lacing hooks, the patient again adjusting it before or immediately after arising in the morning.

If the surgeon is located where he can get the plaster paris bandages ready prepared by some reliable house it will be a saving of time so to do, but should he prepare them himself crinoline or coarsely woven gauze, cut in strips four inches wide and five yards long, and the best dental plaster will supply him with the necessary

material. If a bandage roller be at hand fasten it on the end of the table; on a folded newspaper place a goodly amount of the plaster, which is placed a short distance from the roller on the table. Rub some of the plaster in the end of a strip and secure it in the roller, the bandage resting on the plaster paris. As the bandage is being rolled up, an assistant keeps it from becoming twisted and at the same time in contact with the plaster paris, and by a rubbing movement of the hand the meshes are well filled with the plaster. After a sufficient number have been made they must be placed in a tight container from the air, especially in a climate as damp as the Pacific Coast's.

As I before stated, to insure success with our work the best dental plaster should be used, and if we suspicion it to be damp it can be put in a granite-ware pan and placed in a hot oven, stirring occasionally, when the moisture will be driven off. If after the bandages are made they become damp they may be treated in the same manner.

If the bandages are five yards long, four to five inches wide, eight to ten bandages will be required to make a jacket for an average adult.

[TO BE CONTINUED.]

How I Treated a Case of Diphtheria.

J. G. TOMPKINS, M. D., 1532½ HARRISON ST., SAN FRANCISCO, CAL.

I AM not going to dictate how *you* should treat a case, but in plain terms tell you my method, which has never yet failed me.

A typical case of diphtheria presents

generally the following phenomena:

A general feeling of malaise lasting from two to five days, producing a definite constitutional disturbance. The first stage presents a rapid rise of

temperature, of from 103° to 105° , with anorexia, and perhaps nausea and vomiting. The throat early becomes dry and hot, and there is generally pain upon deglutition; the neck becomes swollen, stiff and tender; the tonsils, pillars of the fauces, uvula and back of the pharynx are red, swollen and turgid.

Such was the condition in which I found my last patient whom I had to treat for diphtheria, a child fourteen months old. I told the parents I suspected diphtheria, but would not subject them to being quarantined until I was sure of it by the development of the second stage. I prescribed

R Spec. med. aconite....gtts. v
Spec. med. phytolacca.... ʒi
Spec. med. sanguinaria... ʒss
Glycerine..... ʒi
Aqua.....q. s. ad ʒiv

M. Sig., ʒi every two hours.

Next morning I found the temperature and pulse normal, but although I shared the joy of the parents, yet the peculiar look in and about the eyes, which diphtheria always gives, caused me to warn the parents to send for me if any change took place. A change for the worse did take place, and I was telephoned for in the afternoon of the same day. The temperature had risen to 103.8° , the pulse weak and about 150; a viscid, ashy gray secretion was forming very rapidly over the tonsils, uvula and fauces. In short, the second stage had set in. A bacteriological examination revealed the presence of Klebs-Loeffler bacillus in combination with the streptococcus bacillus, which left no doubt about the diagnosis

being correct. In severe cases of diphtheria the disease is almost always attended by a rapid failure of the heart, especially so in the septic type, and a stimulant tonic will be indicated under these indications.

Recovery is rare, especially if there is pallor of the countenance with a weak and rapid pulse, and it is on this account I wish to record this case as being cured without the use of that abominable mixture of sick-horse juice, disguised by the fad name of antitoxin, the use of which is liable to cause suppression of urine and the antitoxin rash. The parents wished to have antitoxin used, but yielded to my advice.

I then swabbed the throat with a probe.

R Glycerine..... ʒiv
Acidii carbolic..... ʒi

After which I prescribed

R Spec. med. echinacea.... ʒi
Spec. med. digitalis...gtts. x
Aqua..... ʒii

M. Sig., ʒi every two hours, alternated with the first prescription.

Next day I prescribed

R Tinct. ferri chlor..... ʒi
Glycerine..... ʒss
Spts. vini (Cal.)..... ʒii
Aqua.....q. s. ad ʒiv

M. Sig., teaspoonful every two hours.

For topical use in the throat and nasal passages I gave

R Sodii bicarb.....grs. xv
Aqua calcis..... ʒii

M. And

R H_2O_2 ʒii

Sig. Put equal parts of each in a

spray atomizer and use every hour.

In five minutes after using the spray apply the following with a camel's-hair brush:

R Papoid (J. & J.).....3i
Glycerine.....3i
Aqua.....3i

Apply every one to two hours.

Diphtheritic membrane casts were detached in three pieces one inch and a quarter long. The membrane in the

nostrils yielded to the peroxide, the reaction from which was astonishing to the parents. The temperature, which had not been lower than 102°, now soon became normal, for which condition I have no doubt ecthol (Battle & Co.), which I prescribed in teaspoonful doses, deserves considerable praise. The child made a complete recovery, and no antitoxin was used in the case.

Curettement of the Uterus.

CHAS. F. GLADDING, M. D., WEST BERKELEY, CAL.

IN surgery, as well as in the practice of medicine, one will make a success of a method, while another will probably have a complete failure as a result of following the same method; but as nothing succeeds like success, I have drawn the following conclusions in curetting the uterus:

I have selected a variety of curettes—both dull and sharp—and of various sizes, from very large to very small, that I may be prepared to introduce a curette into any sized cervical canal with *as little dilatation as possible*. I do not think trouble is so apt to arise from the proper use of the curette—be it dull or sharp—as from the use of the dilator. When too great a force is applied to the cervical canal, I believe one of two conditions—and perhaps both—is very liable to follow and prove to be the prime factor in causing the trouble we have so often experienced following curettements.

We find on examination of the cervical canal that it is composed of mucous membrane thickly studded with mu-

cous follicles and glands. Naturally enough, when direct force is applied to it, inflammation, with possible abrasions, are liable to follow. This may result in occlusion of the canal, preventing the escape of matter loosened by the curette, which soon becomes purulent, and infection follows. Unquestionably many affections of the cervix are attributable to the forcible dilatation.

I have also abandoned the anesthetic when I simply wish to curette, especially in those cases where infection has set in and we have a rise of temperature, as the system is then more or less depleted. The anesthesia exaggerates the trouble, prolonging the sufferings of the patient and the anxiety of the operator. Of course, some few will endure anesthesia with little or no perceptible evil results, while many will give any amount of trouble; the only way to find out whether it has deleterious effects or not is to put them to the test.

I draw the line at the beginning and

refuse to give it, and I find my patients make a more speedy recovery, with less evil results. There is no pain in curetting, fear being the chief obstacle, hence I introduce the speculum and commence to curette without having any unnecessary conversation regarding it. I use as little water as possible

in washing out the uterus, drawing as much of the matter as possible with the curette and dressing forceps. When I do use water in washing out the canal, I pack with gauze; otherwise I apply equal parts of iodine and carbolic acid to the walls of the uterus.

The Part Hope Plays in the Affairs of Life

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I HAVE been asked what part hope plays in ordinary affairs of human life. I would answer it somewhat thus wise:

Hope is that well spring of happiness and faith that holds that the future will not only repeat the past, but will do so in a more prosperous, portentous and prolific way. It may be said to be that upon which our idea of existence is based. When calculated upon that logical sequence of events which is eternally passing before us in nature, we call it law, and it becomes so fixed in our minds as to call forth no longer any mental effort to comprehend it. When not so well grounded, it might be called our present thoughts cast into the future clothed in incidents of the past. If there has not been a sufficient number of conclusions drawn from events of the past to fully warrant a logical hope, then disappointment awaits the individual. If hope still clings to us tenaciously with a faulty foundation, it begets a form of faith akin to fanaticism, which must go to pieces in the light of reason. This breeds despair in many minds. Such

has been and always will be the fate of many with long cherished hopes on one or a few ideas; such has been the fate of many religious creeds and dogmas.

Hope is a state of mental consciousness never fully realized on this mortal plane. When about to be so realized it is recast into a future mould, with new and usually higher ideals. It is that mental state upon which our life work is mainly based. Standing as we do between the infinite past and the eternal future, the present is only that part of all past life that we assimilate and make our own. When we arrive at the future, we will find it to be similar to the past, but improved only as we can comprehend and appreciate nature's immutable laws. Humanity, in all its phases, is undergoing a slow but sure evolution to a higher standard of perfection. We can scarcely transcend the laws of this evolution; he who would go faster must carry the race also with him, or await at some point for its coming. Such is the fate of all great thinkers and leaders. They will either dash themselves to

pieces upon those obstacles that nature has not yet had time to remove—such as prejudice and fanaticism—or their teachings are still awaiting our attainment. Only after thousands of years are the teachings of the great masters understood and appreciated. Only of recent date are we beginning to learn the great truths expounded by Christ, and Krishna, Mahomet and Buddha, Confucius and Plato. None have yet lived to the full realization of their fondest hopes. A prophet is without honor in his own country, amongst his own people.

Hope is the main incentive to live and labor. Without it we would merely vegetate, and be less than the anthropoid ape or other quadramana, for even these have higher functions, but no incentive for their exercise.

Hope is at the foundation of organic life, being grounded upon the immutable laws of biology. In the lowest form of cell life, we find that unconscious hope implanted which leads to organized beings. This is sometimes called evolution. Call it what you may, all growth and perfection goes constantly on before our eyes. Thus all life below man evolves from the cell to maturity. Then, if all cell life has realized a higher hope in full growth and fruition, why may not man also have legitimate reason to hope for a higher state?

Within the embryo of every living organized being there is a preparation for a future state, with a latent, unconscious hope for realization. We have but to look within the shell of the unborn fowl of the air to see hope

objectified in the form of wings with which to fly and an unobjectified hope that there will be air within which to fly; the feet unconsciously hope for objects upon which to walk, lungs to breathe, mouth for food to eat, throat with which to sing; in fact, every organ and function bears with it a hope for objects and conditions with which to realize a complete fulfillment of that hope. So we will find, if we take the trouble to analyze all life. In truth, hope lieth at the foundation.

We should understand that hope is not a state of mental functioning only, but every healthy cell of a colony that goes to make up a particular individual being is more or less consciously impressed with it. In fact, it seems to be coincident with vitality, for without hope animal cells lose their vitality, accompanied by that long procession of morbid symptoms, such as lustreless eyes, hollow, shrunken cheeks, flacid muscles, careless, aimless gait, stooped and deformed posture, nervous indigestion, general hypochondria, with its long train of morbid mental symptoms that of times precede idiocy or insanity. Organic disease attacks the de-vitalized cells, and unless aroused by hope death soon claims its own.

All mortal hope may be lost, or suspended, and still a sufficiency of hope in immortality remain to carry on the bodily functions, but this is a veritable living death, to which mortal death should be devoutly desired.

Coming down to the ordinary affairs of life, we see in the business man's promissory note a hope that the present business affairs will make the

future payment possible. In fact, every thing that happens in the present is but the realized hope of the past, modified by the natural sequence of events.

Now, hope may be further defined to be a present mental state cast into the future with ideal surroundings. If optimistic ideals are conceived hope will be elevating and immortal; if pessimistic disease and death will be the goal. The ideals of hope usually so far transcend the logical sequences of the past that a full and complete realization is practically impossible. If hope be based upon faulty or insufficient credentials then disappointment must necessarily follow. When a circumstance takes place sufficiently often to warrant us in being morally certain of its recurrence, we formulate a rule and call it a law of nature. When all laws are compared and found uniform and compatible, they are called causation, and this is the ultimate analysis of hope and nature.

Wish and desire, with their modified forms of want, guess and probability, are simple forms of hope. When all the physical functions are working together harmoniously, and the mind is in a state of normal equipoise, and environments satisfactory, then optimistic, healthy hope is the normal state and a necessary attribute of vitality, for the continuance of life and well being.

Hope is that mental emotion arising from contemplating good. It is the antithesis of fear. It varies with the nature and extent of good to come and the probability of its coming. If well founded it stimulates and cheers; if ill

founded it fosters a false security, which leads to disappointment and despair.

Hope gives life and spring to our whole nervous system, so far as it is influenced by the gray matter of the brain. It is objectified by the keen eye and the forward look, and the forward lean, as if to reach the object. It shows in the elevated and arched eyebrows. Anticipation, expectation, assurance are also its modified forms. Sometimes it is pleasing but too feeble to move the soul, or it may be a lively, exciting source of happiness. No two persons are affected to the same degree. Hope is a purifying sentiment.

Reduce all expressions and forms of human hope to one phrase, and it will be comprehended in "Health, happiness and longevity;" and on the immortal plane it will mean "Eternal bliss." All sorts of marvelous and false hopes are sown during childhood, which can never in after life be realized, and they are the cause of about two-thirds of the disappointments in after life. Only those hopes that carry a prospect of fulfillment should be planted in youth.

Over and Under.

"I want you to tell me plainly, doctor," said the man with the fat government position, "what is the matter with me."

"Well, sir," said the old doctor, leaning back in his chair and looking at his beefy, red-faced patient, "you are suffering from underwork and overpay."—*Chicago Tribune*.

Some Failures of the X-Ray.

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[Read before the Eclectic Medical Society of the State of California, May 23, 1900.]

FROM the time, some five years ago, when the x-ray was first used by surgeons, a great deal has been written in praise of its accuracy in clearing up obscure cases, and its efficacy has been lauded far and wide by contributors to medical journals and the public press.

Now, it seems to me, and the same thought may have also come to others present who have had occasion to employ this wonderful agent, that there is "another side to the story;" that the x-ray not only often fails to show existing conditions, but may show what does not exist, if the radiographer's explanation of the negative is to be accepted as correct. Such at least has been my experience, and the following cases in which the x-ray showed either too much or too little, have influenced me to believe that the value of Roentgen's discovery has been much overestimated as an aid to diagnosis.

Case I:—A young man presented himself with a fracture of both bones of the forearm, which had failed to unite and caused much disability. When examined under the x-ray the extremities of the bones were plainly seen, but the distance between the fragments could not be reduced. Upon cutting down to the site of fracture we found a piece of the radius which was turned at right angles to that bone, and firmly wedged between the

fragments, preventing union. This segment of bone, nearly an inch long and of the thickness of the radius, was not shown by the x-ray.

Case II:—Easily diagnosed as hip-joint disease. Radiograph was made and the radiographer pointed out the several diseased foci in the neck and great trochanter. The rest of the bone was shown to be perfectly sound. When the bone was exposed we found that not only the head and neck, but about 4 inches of the shaft of the femur was diseased and was removed.

The exposure in this case was about twenty five minutes. About a week later a small patch of dermatitis appeared on the outer aspect of the thigh opposite the joint. This, unlike an ordinary dermatitis, was very deep, angry, and spread slowly. It proved sluggish and did not react to treatment. Soon the area began to sluff and continued to do so, until tissue the size of one's hand had sluffed away.

These are cases in which the x-ray failed to show enough; in the following cases it was misleading in the opposite direction:

Case III:—Mr. B. Had had hip-joint disease which had left his leg adducted to such a degree that he could not extend his other leg in walking and could use crutches only with difficulty. Another surgeon had intimated that it was a case of dislocation

and had suggested an operation to adjust a silver plate which would keep the head of the femur in place. The position of the leg gave some reason to concur in this opinion, but on account of the history, x-ray examination was advised. The resulting radiograph showed diseased foci in the neck and great trochanter, but no dislocation. We exposed the bone and found the joint completely ankylosed, but the femur in all parts was *perfectly sound and healthy*.

These three cases serve to justify

my statement that in my practice, the x-ray has deceived me more than it has helped. In no case has it shown anything which could not have been learned by a thorough, careful examination. It is very nice for spectacular exhibitions and may serve to convince incredulous patients of existing conditions; but when needed in obscure cases as those cited above, it has failed and only served to confuse. Where it has shown anything, it was only that which was known before.

The Obstetrical Binder.

C. M. WHEELER, M. D., STOCKTON, CAL.

Read before Eclectic Medical Society of the State of California, May 23, 1900.

MR. PRESIDENT, Ladies, and Fellow-Practitioners: The President of this section requested a paper from me on Obstetrics. The subject is a very important one and many of us can learn points which will be a benefit to women, in this, the most trying time of her life.

I do not know that there is anything new under the sun. Ancient history does not inform me whether Mother Eve wore a post partem bandage or not, but, as far as I can ascertain, the civilized human race is the only one that wears it.

For many years I have applied the bandage without discrimination or question that it was for the best, but now I doubt its utility as being a beneficial aid to the majority of lying in women.

In some cases it may be necessary and a comfort, but the woman in good

health, with firm muscles, does not require it and when "any old thing" is put on in the name of a bandage it would be better if left off. It cannot keep the uterus in place or benefit the circulation, and in some cases is a positive damage to both.

But what I desire to call your attention to is the ante-partem bandage which is a comfort in all cases and in some a necessity, and should be applied about the seventh month. This supports the abdominal muscles which are so frequently ruptured. It also relieves the back of its many pains. This has given me more praise than all the other things in the domain of obstetrics.

At the time of parturition the ante-partem bandage will save time and often the use of instruments.

Prof. Clark, of the Bennett, advises the use of the bandage at this time,

to the class. The woman who particularly needs the aid of the bandage is the one with the large, lax, pendulus abdomen; the uterine contractions do not force the child in the axis of the pelvic outlet.

Early in my practice I had a good illustration of this fact and I would like to relate it to you.

Mrs. Z., forty-two years of age, with a large, lax, pendulus abdomen, in her fourth confinement, residing in the country, was attended by two physicians. And as there had been no progress for twenty-five hours, I was sent for. We applied the bandage; the

head was then at the brim of the pelvis and the uterine contractions were taking place regularly and had been for the last thirty-six hours. In thirty minutes after the application of the bandage the labor was completed, which result could have been obtained thirty hours before.

I now invariably apply the bandage and after two hours, if no progress is made, I am then ready to use the instruments. In a practice of twenty years I have only found it necessary to resort to the instruments but a few times, and I attribute the good results to the anti-partem bandage.

Dry Versus Green Drugs.

B. STETSON, M. D., OAKLAND, CAL.

Professor of Therapeutics, California Medical College.

A STOCK argument of the opponents of green drugs in certain fluid extracts and tinctures, is to cite the case of cascara sagrada and make the statement that cascara increases in medicinal strength by being kept two or three years. It can not be said that cascara gains strength by keeping, for it loses something that modifies its action, and changes its therapeutic properties from a harsh drastic cathartic to a mild laxative.

The question arises, if this drug loses objectionable features by long-

keeping, will not other drugs lose valuable qualities by the same exposure?

It is not necessary to mention the many drugs where the medicinal principles are lost by the process of drying, or or changed by exposure, for there is no longer a green drug theory. The necessity of using undried drugs in certain cases is a scientific fact, demonstrated by fifty years experience of the most skilled pharmacist in the land, and supported by the evidence of the best writers on materia medica of all schools.

The Evolution of Our Materia Medica.

By P. B. Wright, M. D., Grand Rapids, Mich., in Chicago Medical Times.

I DESIRE first, in all humility, to ask pardon of the members of this Association, some of whom are eminent in the department of medical science

indicated in this title, for writing upon it at all. More appropriate to my production would be this heading:

The evolution of my consciousness of

the inadequacy of my knowledge and preparation for writing anything worthy of the attention of this Association on the subject of *Materia Medica*.

My excuse must be that the rather urgent demand upon me for an article for this occasion, came just at the time of my reading some very optimistic statistics upon the wonderful achievements of serum therapy, and, also, just as I had myself obtained some very positive and satisfactory results, from the hypodermic use of nitroglycerine and nitrate of strychnia, in maintaining heart action and respiration for several hours in an apparently dying man. I hope you all know how, under such conditions, a doctors enthusiasm may, for a moment, get the better of his judgment; for if you do, you will readily forgive my seeming presumption and accept my apology and my modification of title.

I wish Professors Lloyd, Ellingwood, Webster or Locke might give us something upon the Evolution of *Materia Medica*. Certainly they have done this in their published works, but a panoramic view, such as either of them might give in an hour, would, I am sure, leave upon our memories a vivid picture of the steps by which bowls full of horrible but effective stuff, administered by the "eclectic fathers" to their patients, had by the skillful hands of our Merrills, Lloyds, and others, assumed the elegant and acceptable forms—potentiality and precision—in which we delight, while longing for something still better.

But luckily for me, all present are not authors of *materia medicas*. Per-

haps to the rank and file of the work-a-day doctors present, a grouping of the whys, whens, hows and whoms, as factors in the demand, to which our *materia medica* is the response, may not be unacceptable. I would present it as seen by one of the rank and file, to whom the eclectic *materia medica* stands as the most enduring monument of our work as a school in the past, and the best assurance of a future, that will merit honor.

When Wooster Beach laid the foundation for eclectic medicine, his work found incentive in the revolt against the deadly routine practice of that time, which was depletion by the lancet and by mercury. Beach, to show the attitude of the profession toward the inherent tendency in the human body to recover from disease, quotes a celebrated professor of the time as saying to his class, "kick nature out door, give me mercury and my lance and I can cope with any disease!" Beach recognized the recuperative tendency inherent in the human body, and placed the physician in his natural relation thereto as nature's attentive pupil and faithful servant. This was the corner stone of the "Reform Medical Practice." Beach's conception of the nature of disease, and his modes of cure, by the light of today seem primitive. He regarded the excretory organs as the agents for the removal of the offending material, which, if retained, served as the very essence of disease or was its sole product. This must be expelled by agents exciting to action the various organs of expulsion. Not alone the skin, bowels, kidneys and

lungs were the avenues of exit, but the stomach was also ranked as of equal importance in this role. Hence his materia medica might nearly all be placed under the heading, "emetics," "cathartics," "diuretics" and "sudorifics." He reluctantly permitted "narcotics," and as counteracting the most common cause of disease—"cold,"—used freely, heat producers, external and internal; these, with astringents, made up the whole armament. He paid an unconscious tribute to mercury by claiming that mandrake and other plants would do all that mercury could, and that more safely. Still no eclectic can go over Beach's faithfully illustrated materia medica, and carefully consider the properties assigned to the various plants, and not feel a pride as he recognizes many of the beginnings of the efficient tools still used by us with best effects.

Continuing and overlapping the work of Beach, comes John King. In the preface to the American Dispensatory published in 1854, the author sets forth his reasons for such a work. The chief reason was to make accessible to all liberal minded physicians the resources of the "Reform Materia Medica" (here, for the first time, I think, called "eclectic,") and to secure to eclectic workers in this cause the honor that belonged to them. With manifest pride he gives a list of one hundred and twenty medicinal plants, not generally used by other physicians and most of which he states have no mention in materia medicas of the dominant school.

The pioneer work of King in the

concentration of remedial agents, or the isolation of active principles marks an epoch in materia medica, and is of greater value than the addition of one hundred and twenty new agents to the number already too great. This work marks an epoch. It is worth noting, however that at this time, even Prof. King—who later dreamed of a coming day when all medication would be directed to the nerve centers, in which he began to see the controlling influence of every function—had not yet grasped the idea of the direct control of the circulation by arterial sedatives. Aconite is still a narcotic poison. Veratrum is a purge of doubtful value. Digitalis is chiefly of value as a diuretic. Gelsemium alone is mentioned as a "febrifuge" probably acting by its relaxing and antispasmodic properties. This seems crude to us, but Geo. B. Wood, in the Dispensatory twenty years later, had not advanced beyond this. It is worthy of note in this connection that King in his work, assigns to salix alba its antiperiodic qualities and its value in intermittents. Nearly twenty years later, the U. S. Dispensatory gravely states that fevers have been cut short in one day by three doses of six grains each, not discriminating as to form of fever. King, also, at that early day, carefully noted the antiaphrodisiac value of the salix nigra.

Comparing the practical value of the "American Eclectic Dispensatory" with that of others of the same date, in the light of subsequent events in medical progress, we may well be proud. Not even yet are our

Old School friends through with "introducing to the profession," as new and valuable agents, the treasures of that old book.

But a longer step than that from Beach to King was taken in the line of evolution when the discriminating and systematizing mind of John M. Scudder was brought to bear upon the confusion of "reform medicine" at the time but little subsequent to the period just considered.

When skin, bowels, kidneys, lungs, and even stomach, were deemed the derelict servants, responsible for all ills, all the doctor needed, were the whips called "sudorifics," "cathartics," "diuretics," "expectorants and emetics," with which to lash them to a performance of service. When Scudder came, physiology and pathology had reached far beyond. "Equalize the circulation" meant more than to warm the feet. To the intelligent physician it had become clear that every step in nutrition and disintegration, secretion and excretion, was dependent upon that often spoken and seldom understood phrase—an "equalized and normal circulation," that, with all the rest, depended upon proper innervation. Prof. Scudder's immediate predecessors had recognized this. The analytical method of considering disease, by which every organ and its function were measured by a physiological normal standard, was occupying thoughtful physicians. Beside the distrusted allopaths, with their routine of depletives all harsh and repulsive, appeared the much ridiculed "homeopaths" with their attention to hygiene and nursing

their painstaking proving of drugs, their one law of cure, their pleasant remedies, and—success.

Was ever such a demand for advance in medicine on rational lines, and with the direction of the lines so plainly indicated? The field was broader than the wheat fields which incited the brain of McCormick to the action that ultimated in the perfected harvester of today. The medical McCormick who answered this demand was John M. Scudder. He made it plain to many—what few had seen—that the pathological condition that was, with the physiological condition that should be, must be clearly held side by side in the mind of the physician who would prescribe rationally. That he might have opportunity to prescribe, he must have tools as attractive as those of his homeopathic competitor, to act upon a particular part or function, in a definite and appreciable way. He had the genius to bring into effective and harmonious association, in the true spirit of eclecticism, and to logically focus these widely scattered elements. The analysis of disease, organ by organ, function by function, and the expression of the same; the physiological action of drugs—not the poisonous of the allopath, nor the imaginary of the of the homeopath, but the curative action of the eclectic; and the necessity of non-repulsive but effective remedies. Then he had the genius to impress his own clear perception of this rational view upon the minds of students who listened, and physicians who read. Thence came the even louder demand for the "eclectic materia medica" that



is, and that stands the tangible embodiment of eclectic achievement. The initial work of King, in the production of podophyllin and a few other gum resins, was further advanced by that faithful champion of reform, William S. Merrill, and others.

No man not old enough to remember the days of "laudable pus" will ever know how nearly eclecticism came to wreck on the shoals of those early concentrations of active medicinal principles, so called. But those who remember the peculiar look of "laudable pus" will yet see in memory long rows of bottles filled with medicine that cost the maker honest effort, and us honest dollars, but was neither more or less laudable as a medicine than its contemporary "laudable pus."

Many have labored toward the goal—an elegant, effective, specific, eclectic "materia medica." I have no doubt that the most perfect realization today is found in the specific medicines of Lloyd Brothers.

As I write, at my left are Beach's early materia medica, the splendid old work of Pareira, King's American Dispensatory of 1854, and the 13th edition of the U. S. Dispensatory issued nearly twenty years later. Of these, the work of Pareira alone gives any account of the physiological action of drugs. In it alone is found the term "specific action," and in it is found a recognition of the "dynamical" action of drugs—all terms that the genius of Scudder made immortal by the thought he put into them.

But for definite statement as to therapeutical uses, the work of Dr.

King is by far in advance of the others.

At my right, a late edition of Bartholow and Bruce's work just issued from the press, represent the last word of alopathy on this subject. Burt, published in 1896, and Copperthwaite's last edition speak for homeopathy, while Ellingwood's is the last contribution from the eclectic standpoint. It is to be noted that in all a careful statement of the physiological action of each article presented is given, and precedes every other consideration. In the old school works—while their old time tendency to seek guidance in application of remedies from their poisonous action in physiological states, and to still stand in general for heroic medication—there are many exceptions, and decimal fractions of a grain of calomel here recommended would disgust the thorough-going men of a thirty years ago; and nice discriminations are made in the classification of remedies. Quite as pleasing is the homeopathic dictum that Fowler's solution is the best form in which to administer arsenic, and if you want results, doses of one to two drops four times a day should be given. But better than all, and most cheering to the eclectic, is to turn to the last achievement of our school in this line—Prof. Finley Ellingwood's most admirable work. Here is the best exposition of eclectic medicine to date. Here is evidence once more that the true eclectic is the broadly educated, widely read, practically trained physician, consciously dealing with conditions and not theories. Here, guided by drug action upon physiological or-

gan and function, clinical experience in its use in diseased conditions, has been given data for "specific indications" and "specific medicines."

I wish I might close with this flourish of trumpets, signalling eclectic leadership in materia medica and therapeutics. But a final word is to be spoken.

Never before was such urgent demand in the medical world for tools to serve our conscious and growing needs. Remedies of power, certainty and precision are demanded for well defined diseased conditions, and the supply is not forthcoming. Chemistry, analytical and synthetical, is the service of drug dealers, evolves products guaranteed to do much and that perform little, inspire our hopes, rob us of our dollars and yield us naught but disappointing experience. Artificial digestives and foods are pushed to the undoing of organs that need rather such repair as will enable them to furnish both. Bushels of tablet triturates tempt us by their beauty and appeal to the public taste, but we know if they ever possessed virtue the tooth of time soon leaves them inert. The "alkaloidal clinic," as its little pellets roll merrily on, sings the sweet old eclectic song of "small oft repeated doses for direct effect," to a little quicker time than we are accustomed to, and many are deceived into believing it a new "psalm of life" from a newly arisen prophet. The germ theory and the serum therapy fill the medical journals and the secular press, both assuming an acceptance and standing, strange to notice and hard

to reconcile with the silence of our latter works on materia medica in all the schools.

As might be inferred from the paintings of history, old schoolers—backed by health boards—are shouting for ammunition to stay the invading microbes; while anxious eclectics in harmony with their traditions, are searching for agents of direct and certain action that will put the body's natural defenders in a condition to defend it. In the din of battle between toxines and anti-toxines, they are watching for the coming man of wisdom who shall answer the old question now applied to serum therapy, "Is this he that should come or do we look for another?" While the wily Frenchman, Dr. Crotte, having cured all the consumption in Paris is setting up his electrical machine in Chicago, to charge paraldehyde tubercular subjects—with plethoric pocket books—and relieve them of one or the other, we await, with a great hope long deferred, the knowledge by means of which the "white plague"—the bright eyes and pallid faces of whose victims haunt us all, and outnumber the doomed by all the "black plagues" of the historic past—may be driven from our planet. We want an agent to sustain normal tissue at such a point of vital resistance, that malignant cells cannot gain lodgment or secure nourishment; we want another to prevent pus formation anywhere in the human organism. But more urgent than these, is the demand for better men with better minds, better trained to direct more skillful hands in the use of the better agents that may be found, to aid in the preservation of the health of the better bodies of the better race that then will be.

A rational and effective adjunct to the
treatment of

MAIZAVENA

Affections

OF THE

Urinary Organs

FORMULA

| | | | | |
|---|---|---|---|----------|
| <i>Maizenic Acid (from fresh Corn Silk)</i> | - | - | - | 1-10 gr. |
| <i>Avenine</i> | - | - | - | 1-65 gr. |
| <i>Saw Palmetto (fresh Berries)</i> | - | - | - | 15 gr. |
| <i>Ol Santal Flavus</i> | - | - | - | 3 min. |

Corn Silk was originally used as a domestic remedy in France for retention of urine, strangury and cystitis, but since its recognition by the Medical Profession its sphere of utility has been enlarged, and it is now used not only in the above cases, but also after operations on the bladder, in renal colic, prostatitis, gonorrhea and vesical catarrh.

In the preparation of Maizavena we use a definite amount of Maizenic Acid, which is obtained from fresh corn silk, and physicians may rely upon the preparation containing the proportion of this active principle represented in the formula.

Avenine is the active principle of *Avena Sativa*, or common oats.

It is highly recommended in neurasthenia, in impotence, and in depressed conditions of the nervous system, in which a nerve tonic is indicated—it is of special value, therefore in cases where there is or has been a drain upon the system, as in Prostatitis, Gonorrhea or Gleet.

Ol Santal Flavus possesses diuretic and balsamic properties, which render it of utility in cystitis and specific urethritis, and in such cases it is now generally preferred to its more ancient congener Balsam Copaiba.

Saw Palmetto can not be classed as a new drug, but a reliable preparation of it is not always available—it is therefore important that physicians who expect good results from Saw Palmetto should specify the preparations of the drug made from fresh berries.

The fresh berries of the Saw Palmetto exert a soothing effect on the vesical and urethral mucous membranes, diminish prostatic irritation, and hence have a wide range of usefulness in these affections of the genito-urinary tract, characterized by catarrhal conditions accompanied by active or passive congestion.

A GUARANTEE
OF EXCELLENCE

This preparation is original with, and is alone prepared by The Wm. S. Merrell Chemical Co. Its well-deserved reputation is based upon the exhibition of the Merrell product in the practice of leading physicians. To avoid disappointment, therefore, physicians are requested to see that their patients receive exactly what is prescribed, and not some unreliable substitute.

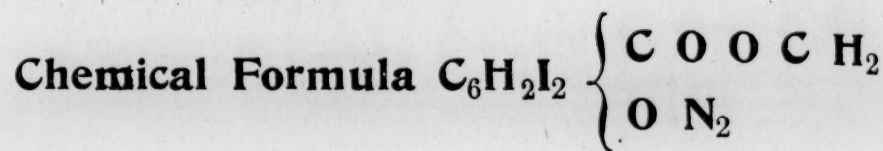
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Laboratories: Cincinnati, Ohio

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IODOZEN—MERRELL



IDOZEN—an iodine derivative of methyl salicylate (true oil of wintergreen). It has an agreeable odor, is non-irritant, and combines the antiseptic, discutient, alterative and absorbent qualities of iodoform without any of its characteristic disadvantages.

The iodine being liberated very slowly in the presence of heat and moisture, no toxic effects may be apprehended.

The density of Iodozen is less than that of iodoform, hence a given quality will cover a larger surface; it is, therefore, more economical.

Iodozen is absorbed slowly and adheres to sores and mucous membranes for a considerable period, and in the meantime exerts a protective as well as antiseptic effect.

These qualities place Iodozen in the front rank of antiseptic applications in the treatment of aural, venereal and cutaneous diseases, in minor surgery and catarrhal affections of the uterus and nasal mucous membranes.

Iodozen, when mixed with powdered boracic acid in the proportion of 5 to 10 per cent and used by insufflation, is of value in post-nasal catarrh and ulcerated conditions of the throat, but in specific lesions it is advisable to apply Iodozen pure, in order to produce the necessary antiseptic impression.

A useful dusting powder for the chafing of infants is made by combining Iodozen, 5 per cent with powdered starch—in erysipelas, Iodozen may be advantageously applied to the inflamed surface undiluted.

Combined with vaseline or lanoline, Iodozen forms an ointment of general utility, as a healing application, and for the relief of pruritis ani and vulva, hemorrhoids, prostatic irritation and gonorrhea, in which affection it may be used as an injection.

Additional therapeutic applications:

| | | |
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| Acne Rosacea | Eczema of auditory canal | Prurigo |
| Atrophic Rhinitis | Excoriations | Suppurating lupus |
| Adenitis chronic | Enlarged Spleen | Suppurating buboes |
| Arthritis | Goitre | Scrofuloderma |
| Abrasions | Hemorrhoids | Sycosis |
| Abcesses | Impetigo | Sun-burn |
| Burns | Irritation of the Skin | Septal ulceration |
| Balanitis | Ozœna | syphilitic or traumatic |
| Catarrh | Otorrhœa | Tinea tonsurans |
| Carbuncle | Post-operative wounds | Ulcerated surfaces |
| Chancre | of nasal cavities | Urticaria |
| Chancroid | Pemphigus | Varicose ulcers |
| Eczema | Phagedena | Wounds |

IDOZEN is put up in one ounce vials.

IODOZEN OINTMENT in one ounce collapsible tubes, and in screw top jars in quantities to suit.

Sold by Wholesale Druggists throughout the United States.

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New York City, N.Y. San Francisco, Cal. New Orleans, La. London, England

A Review and Digest *MEDICINE and SURGERY.*

Things Worth Remembering.

Massachusetts Med. Journal.

It is said that the administration of a wineglassful of vinegar, well diluted, will sober up a drunk man in twenty minutes.

Ichthyol is the very best drug we have for the treatment of Erysipelas.

Lehmann gives an important symptom in chloroform narcosis, if the eyelids close as the effects of the anesthetic is felt, the probabilities are that the narcosis will proceed smoothly. But if the eyelids remain partially or entirely open, or reopen if closed, trouble may be anticipated.

Dr. Nichols, in the *Medical News* of December 2, 1899, tells of a severe, persistent hemorrhage continuing for a long time despite all efforts to control it, which, nevertheless, stopped at once upon the local application of a sterile ten per cent. solution of gelatin.

The *Charlotte Medical Journal* tells the following story of "The Greatest Neurologist of the Day," whose home, it is added, is in Philadelphia. A very wealthy bedridden case, of two years' standing, was brought to his private hospital for treatment. The case was one of false neurasthenia. On her absolute refusal to leave her bed under any circumstances, the eminent scientist threw a lighted newspaper under

her bed and told her to burn up and be d—d. She left the hospital cured in six weeks.

Inasmuch as children's nasal chambers are naturally very small, a very slight congestion of the lining mucosa will cause obstructed breathing, and this is augmented by the formation of scabs. It is best in all cases of rhinitis in children to wash the nares twice daily with normal salt solution (3 i—Oj). This is readily done for infants by a medicine dropper. There is no danger if no force is used—if the liquid is instilled gradually and aided by gravity.

Chronic leucorrhœa of long standing can be cured only by persevering in frequent local use of astringents through a speculum, together with hot vaginal injections.

All pelvic congestions are venous, and the term "chronic inflammation," so far as it applies to the organs in that cavity, is a misnomer because the arterial vessels are not involved in that process.

The most common displacement of the ovary is dislocation downward into the retro-uterine pouch, to which the name of prolapse has been improperly given.

Cancer of the womb usually begins on the vaginal portion of the cervix, and consequently has to bear the brunt of the insults of coition and parturition.

When a child must drop the nipple to breathe, there is almost certainly some pulmonary trouble.

Facial Neuralgia.

A new and simple method of relief for this condition is brought forward by W. C. Belt in the Medical Sentinel for April.

It is simply to direct the patient to place the hand opposite the side on which the neuralgia is felt in a basin of water as hot as it can be borne. He claims that relief will be experienced in less than five minutes.

His explanation of the action of this procedure, is that the two nerves endowed with the greatest number of tactile nerve endings are the fifth and the meridian, and their motor areas in the cortex are not only adjacent but actually overlap. As the fibres cross in the cord he expects a powerful tactile impulse conveyed from, say the left hand, to effect in some degree the cortical center of the fifth nerve on the opposite side.

He cites several cases in which its beneficial action was shown.

The method is so simple that without cussing or discussing, it may be tried in a number of cases and if without benefit, it will be without harm.

It would be a dreadful set-back to the operation of removing the Gasserian ganglion if this method is worth anything. Patients of all classes will prefer holding a hand in hot water all the afternoon to having the base of the brain scooped out with a gouge.—*Charlotte Medical Journal*.

A New Aphrodisiac.

Dr. Stinson, of San Francisco, in an

article in the *N. Y. Medical Journal* speaks in high terms of the action of *echinacea angustifolia* as a local aphrodisiac applied to the mucous membrane of the glans penis corona, in from twenty to sixty drops. It acts as a tonic and stimulant to the local circulation, producing a mild, pleasant tingling, penetrating, burning sensation. The glans becomes congested by stimulation of the vessels and sensory nerves of the penis and in from two to fifteen minutes erection occurs. One application is usually sufficient, but if necessary a second application should be made in fifteen minutes. The drug has a similar action as an aphrodisiac when locally applied to the female.—*N. Y. Medical Times*.

This is only another "discovery," by the old school of the virtues of one of our oldest remedies. This action of *echinacea* has been known to eclectics and used by them for a quarter of a century.—Ed.

Peroxide of Hydrogen.

The real value of peroxide of hydrogen lies in its power to liquefy and break up pus. In doing this there is a large quantity of gas evolved, and it is essential that this gas have perfect freedom, as otherwise it creates trouble in various ways, the chief of which is the production of pain, caused by disintegration of the tissues in cases where the gas cannot escape freely.

Probably a more serious trouble is produced by its use in suppurative diseases of the middle ear. The sudden

development of a large quantity of gas in the drum cavity frequently forces pus and other debris from the middle ear over into the mastoid spaces. This is especially liable to occur where the perforation in the drum membrane is not sufficiently large to permit of the ready escape of the gas. This accident occurred twice within a fortnight in the practice of the writer, necessitating opening up the mastoid. Recently a case came under my observation the next day after the peroxide had been used, and the patient was so frightened by the severe pains in that side of the head, with partial loss of sensation in that side of the face, that he declined to use it again. I have long since ceased to use it in suppurative disease of the ear because of the danger of producing mastoid inflammation, and in my clinics advise against its use on that account. It is certain that mastoid inflammations are much more frequent than they were before the introduction of the peroxide of hydrogen as a therapeutic agent. While it is a valuable agent in some respects, it is certainly a dangerous one to use promiscuously in suppurative diseases of the middle ear. Where the opening is large in the drum membrane, and where the pus is scanty, it may be used; but under all circumstances the head should be inclined well forward and downward, so as to give gravity an opportunity to assist in removing the debris. One drachm of the bicarbonate of soda and ten grains of the permanganate of potash in a pint of water make a most excellent cleansing and deoxidizing and de-

oxidizing agent for the purpose of cleansing suppurating middle ears. This solution may be used with an ordinary syringe or a fountain syringe, two or three times a day.—Editorial from *The American Practitioner and News*.

Suprarenal Therapeutics.

The therapeutics of the extract of the suprarenal capsules, which has been so actively exploited of late, still remains in much obscurity as to its value as a curative agent.

The only points demonstrated beyond question are that this tissue physiologically holds an important place in the maintenance of life, and its local application produces a wonderful effect in increasing blood-pressure, due it is thought to its effects upon the coats of the arteries, hence its usefulness as a hemostatic. The theories thus far promulgated in respect to the *modus operandi* have not been proved. It has been shown to be non-poisonous, is not cumulative, and it does not shock nerve centers.

Its chief uses clinically as a hemostatic to the mucosa seem to be favorable, but it soon expends its force and must be repeated. In this field thus far no objections have been filed against it, and it is considered reliable. It is also ranked as a cardiac stimulant rather than depressent, which is important. The uses to which it may apply are numerous and varied, so far as the classification of diseases is concerned, as we find it recommended in all affections of the mucous membrane,

from hay fever to urethritis. Its influence in blanching tissues is said to be remarkably prompt and efficient.

The indications for internal use are not sufficiently defined at present to show us under what circumstances it should be administered. Its use is confined largely to surgical practice.—*N. Y. Medical Times*.

Constant Sponging to Reduce Temperature.

E. Crocker, writing for the *National Hospital Record*, says that the full bath can be given but seldom, but that sponging is always admissible, and of much more value. The temperature is readily reduced by this means, but the sponging must be constant if it is to prove anything but useless. The water need not be unnecessarily cold, but of an agreeable temperature, as it is the evaporation which cools the skin. The face, neck, hands, arms, legs, and so much of the body as can be easily reached, should be bathed, not forgetting to turn the patient over and bathe the double heated back. No towels should be used, the skin being allowed to dry by evaporation. If the sponging is constant, without intermission, a very marked reduction of temperature may be maintained.—*Medical Times*.

A Case of Tetanus Treated by Hypodermatic Injections of Carbolic Acid in 2 Per Cent Solution.

A boy of fourteen years, who was large strong and vigorous, shot himself in the foot. Nothing was done to clean the foot, and nine days after the accident some rigidity of the muscles

of the neck and jaws was noticed. Ten days after the accident the jaws were closed and general rigidity was well marked. The wound was opened, cleaned of all irritating material, and dressed antiseptically. Acting on a report of Baccelli's cases—32 in number—treated by carbolic acid in 2 per cent solution, without a death, the same treatment was adopted. The boy received three injections a day for the first nine days. As the urine began to look smoky, only two injections a day were given for the next two weeks. Small doses of eserine were given with each injection during the latter period. The boy made a complete recovery.—*Cleveland Medical Gazette*.

The Determination of Sex.

A correspondent of the *Lancet* for July 7th says that after studying more than 300 marriages with the object of discovering some of the conditions likely to give rise to a relatively high percentage of boys, he has come to some conclusions, which he now gives for what they are worth. His conditions, thrown into rules, are: 1. "Do not marry the eldest daughter of a family, but rather the youngest. There is a progressive increase of boy producing power from the eldest up to the youngest daughter. 2. Do not marry one whose age differs much from your own; and do not marry much under or over thirty. 3. Do not marry a widow. 4. Do not refuse to marry a cousin or an only daughter. No doubt there are other factors to be taken into account, but here we have some rather important ones." But why are widows barred?

*Timely Topics.*Glycerole Calendula.

Each cubic centimeter of this preparation represents one gramme of the drug, and replaces the fluid extract and tincture usually found in trade. An invaluable dressing for inflamed and catarrhal conditions of the female reproductive organs; for cancerous ulcerations of the uterus and muco-purulent discharges from same; lacerations of cervix or perineum; injuries from instrumental or difficult childbirth; also a superior dressing after surgical operations, for carbuncles, boils, malignant ulcers, old sores, cuts, bruises burns and scalds, excoriations, chafings, chapped hands, sore lips and wounds in general; also an injection for rectal ulcers and gonorrhoeal discharges.

Boro-Naphtol Soap.

Is an absolutely pure and neutral soap from vegetable oils medicated with a combination of three of the most efficient but non-irritating antiseptics and germicides known. The mild, yet beneficial action of Boro-Naphtol renders this soap a peculiarly useful adjunct to the daily toilet. For chapped hands, wounds, sores, ulcers, eczema, and skin diseases in general, it has no equal.

Boro-Naphtol is composed of equal parts of our well known Boro-Glyceride, Gaulterine from pure Wintergreen Oil, and Beta-Naphtol, a purified Coal tar product, possessing all the virtues

of Carbolic acid without its objectionable and injurious qualities. It possesses unrivalled antiseptic properties and in combination with a pure soap is cleansing, soothing and healing.

Nutromulsion.

A perfect permanent, palatable emulsion of Cod Liver Oil, containing nearly fifty per cent. finest Lofoten Oil with eggs, brandy and phosphates. It contains no inert material, every drop is pure nutrition. It is absolutely permanent, and will retain all its physical and medicinal qualities in all climates; is miscible with water, milk, wine, etc.; and is so agreeable to the taste as to make it peculiarly adapted to delicate women and children. Physicians have heretofore been deterred from prescribing emulsions because of the imperfect examples of pharmaceutical skill which have flooded the market, but in Nutromulsion we have an elegant preparation that commends itself to physician and patient alike.

Petromulsion.

A perfected preparation containing 50 per cent. of a pure product of petroleum, in itself tasteless, but which has been rendered very agreeable and easy of assimilation by minute division in an emulsion with eggs and pure brandy. Each fluid drachm also contains five grains of the combined chemically pure hypophosphites of Sodium, Potassium and Calcium.

THE WM. S. MERRELL CHEMICAL CO.

College, Alumni, Personal

The twenty-third annual course of lectures will begin Oct. 1st, 1900.

Judging from the large inquiry for announcements there will be an unusual number of new students.

Dr. Logan, whose articles are of so much interest to our readers, is spending some time at a mountain resort. We trust that he will soon be with us again, enjoying his former good health.

Dr. W. V. Wilcox, '99, is at present spending a vacation at his father's country home. He has been killing his share of deer and reports a general good time.

Drs. Gere and Hunsaker have been absent on a hunting trip in the southern country. They have returned with faces sunburned and many "large" stories.

Dr. Vera Hamilton, '00, was in town lately. She expresses herself as well satisfied with her work so far.

Thomas Keegan, ex. 98, will re-enter college in October. He has been in Skagaway for the past two years and has amassed a comfortable little fortune. At present he is a guest at the country home of Dr. W. O. Wilcox, at Geyserville, Sonoma Co.

Dr. Hall, '98, of Palo Alto, was looking as prosperous as usual when we met him recently. He has the largest practice in that model town, and is one of our most successful graduates.

Drs. Dobs and Mercer are returned from Cape Nome. Their venture was a complete failure through the dishonesty of the transportation company which refused to land their freight.

Dr. Perce of Long Beach, has written that he is the defendant in a \$5000 suit for damages on account of burns resulting from an X-ray examination. Can some of our readers furnish us with an account of their experience with the X-ray and their treatment of burns.

Dr. Stetson is also back from Nome and reports it a bad town in every sense of the word.

Dr. S. O. Cassity, '83, of Snelling, was in town last week. He left his practice with Dr. W. H. Horsley, '00, during his absence.

Dr. B. Lauter, '99, left a large practice in Redding and spent several days in the city this month. He is looking well and says his part of the State is very prosperous and he has shared in the prosperity.

Dr. J. W. Hamilton and family have returned from their summer residence in Haywards, and are now domiciled at the Windsor hotel.

J. W. Gerow, '01, is at present employed by an oil company to patrol property in Contra Costa county and look for surface indications of petroleum. He is in receipt of a good salary and is so pleased with the work that he may not return to college.

R. L. Logan, '02, is assisting his brother, Dr. M. H. Logan, during the latter's illness.

Maclean Hospital Report.

Dr. Harding-Mason—Mr. A., suppurating glands; discharged June 18.
 Dr. Harding-Mason—Mr. J., nephritis and alcoholism; discharged July 2.
 Dr. Lamb—Mrs. F., abdominal hematode; still in hospital.
 Dr. Townsend—Mrs. N., hemorrhoids; discharged July 7.
 Hospital—Mr. M., carcinoma of stomach; died June 29.
 Dr. Gere—Mr. A., monomania; discharged June 17th.
 Dr. Hunsaker—Mr. B., hypertrophied turbinated bones, discharged June 19.
 Dr. Gere—Mr. M., hydrocele; discharged July 8.
 Dr. Maclean—Mrs. R. H., cancer of breast; discharged July 1.
 Dr. Gere—Mrs. P., varicosity of ovary; discharged Aug. 3.
 Dr. Hunsaker—Mrs. H., ovaritis; still in hospital.
 Dr. Scott—Mrs. C., laceration of cervix and perineum; still in hospital.
 Dr. Maclean—Miss H., ventral fixation; discharged July 23.
 Dr. Gere—Mr. K., Pott's disease; still in hospital.
 Hospital—Miss W., arthritis; still in hospital.
 Dr. Mitchel—Mrs. W., endometritis; discharged June 25.
 Dr. Lamb—Miss. R., la grippe; discharged July 11.
 Dr. Gere—Mr. R., malaria; discharged July 17.
 Dr. Forster—Mrs. J., rectal ulcer; discharged July 23.

Dr. Forster—Mr. R., hemorrhoids and stricture of urethra discharged Aug. 8th.
 Dr. A. E. Scott—Mrs. P., fracture of inferior maxillary and necrosis of same; discharged Aug. 2.
 Dr. Maclean—Mrs. De M., laceration of cervix; discharged Aug 6.
 Dr. Gere—Mr. P., ankylosis; still in hospital.
 Dr. Gerdes—Mr. H., hemorrhoids; discharged Aug. 6.
 Dr. Schmiedel—Miss R., hematuria; discharged Aug. 11.
 Hospital—Mr. A., chronic enteritis; still in hospital.
 Hospital—Mr. A., articular rheumatism; still in hospital.
 Dr. Gere—Mr. H., diabetes insipidus; still in hospital.
 Dr. Scott—Mrs. H., laceration of cervix and perineum; discharged Aug. 5th.
 Dr. Waller—Mr. L., dysentery and rheumatism; still in hospital.
 Dr. Harding-Mason—Miss B., ventral fixation; discharged Aug. 7.

E. H. BYRON, M. D.,
 Resident Physician.

Special Notices.

Attention, Physicians and Druggists

FOR SALE.

One of the best paying businesses in San Francisco. Good practice and drug business combined. Established ten years; price moderate; owner leaving the State. For particulars apply to JOURNAL office.

Wanted.

A location by a physician of experience; will buy if business justifies it. Any information will be thankfully received.

DR. J. B. BAKER.

Arlington Place, Riverside Co., Cal.

CALIFORNIA MEDICAL JOURNAL.

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W. C. SHIPLEY, M. D., } MANAGERS.
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EXPRESSION IS ESSENTIAL TO GROWTH. WE CORDIALLY INVITE ALL ECLECTIC PHYSICIANS WHO WOULD KEEP ABREAST WITH THE TIMES TO MAKE FREQUENT USE OF OUR COLUMNS.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

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*Editorial.***What are You Doing?**

There seems to exist a feeling among the eclectics in this State, that the California Medical College is being conducted for the benefit of those few men who are financially interested. That all that the rank and file of the profession do to further the success and prosperity of the college, enriches the stockholders and benefits no others.

Now, this is all wrong. It is contemptible, narrow, and unworthy of every man who, as an eclectic, stands for tolerance, charity, unselfishness and progress.

The history of eclecticism, not only in California, but in every State in the Union, is the history of a continued

struggle against heavy odds. That eclectics have gained the enviable position and respect which they now enjoy in the Eastern and Central States is cause for congratulation. That California eclectics are allowing foolish jealousies, pessimism, and childish petulance to blind them to the necessity of a united support of their college and its allied institutions is cause for censure.

When the California Medical College was founded twenty-three years ago it was not considered as anything but the means to an end. The handful of eclectics who had emigrated to the far West were in a peculiarly insecure position. They were without a State society, had no rights under the existing medical law, and were persecuted by the ignorant and bigoted. But they worked together, and for their own protection established the college that they might gain recognition by increased numbers. And the college is still continuing and will always continue to improve the condition of every California eclectic as the years roll on. It was the means by which those pioneer eclectics were given security. It is the one thing which insures to us the rights and privileges which we now enjoy.

And what of those men who constituted the faculty and board of trustees? There is not one of the survivors who is independent of a continued practice of his profession. Theirs has been no easy task, but it has been without its financial reward. Their compensation has been in seeing the growing alumni of sturdy, intelligent,

capable men and women out in the world making a place for themselves, and reflecting honor upon their college and its faculty. In seeing prejudice and dogmatism slowly disappear until to-day we no longer crave but demand and secure equal rights under the law.

This is all the result of the college, and the college is the result of years of patient work and an honorable struggle, with no plea for favor except justice. Thus, it is the college and its faculty which protects every California eclectic and doubly protects every alumnus.

What are you doing to help the college? In other words; what are you doing to help and protect yourself?

The college term begins on the first day of October. Now do something!

Medical Societies.

Program of the Texas Eclectic Medical Association.

The Seventeenth Annual Meeting of the Texas Eclectic Medical Association will convene October 9th and 10th, 1900, in Odd Fellows' Hall, Dallas, Texas. Oriental Hotel, headquarters.

PROGRAM:

Meeting will be called to order promptly at 10 a. m. Oct. 9th.

Roll call and reading of minutes.

Address of welcome by Hon. Benj. Cobbal, mayor of Dallas.

Response by M. E. Daniel, M. D., Honey Grove, Tex.

Preliminary business — appointing committees, etc.

SECTIONAL WORK.

Sec. A. Practice of Medicine, con-

ducted by N. J. White, M. D., Queen City, Tex.

Sec. B. Surgery, conducted by C. Helbing, M. D., Bonham, Tex.

Sec. C. Obstetrics, conducted by J. H. Mitchell, M. D., Dallas, Tex.

Sec. D. Gynecology, conducted by C. D. Hudson, M. D., Speegleville, Tex.

Sec. E. Eye, Ear, Nose and Throat, conducted by G. W. Johnson, M. D., San Antonio, Tex.

Sec. F. Pathology and Bacteriology, conducted by E. L. Fox, M. D., Houston, Tex.

Sec. G. Dietics, conducted by Mrs. S. F. Morrow, M. D., Nobility, Tex.

Sec. H. Climate and Health Resorts, conducted by M. E. Daniel, M. D., Honey Grove, Tex.

It is to be hoped that every Eclectic in the State worthy of the confidence of his brother Eclectic will take immediate steps to secure clinics, prepare articles, and shape his business with one paramount aim, of attending the State meeting.

Don't allow your brother to struggle along under the weight of his own and your burden.

Come along with us, and help us and we will raise the standard so far above the ordinary therapeutics that all may recognize and accept it as the most rational means of healing the sick.

L. S. DOWNS, M. D.,

Sec'y.

For Sale.

An established, paying drug business well located on the business street of

one of our bay towns. For particulars enquire at this office.

Special Enquiry.

The California Medical College has been teaching students for twenty years, and we are desirous of making a record of the success or failure of its graduates. We ask each graduate to send to the Dean a personal history of his position, medical, social and political.

D. MACLEAN, M. D., Dean,
710 Van Ness Ave.

Correspondence.

"SHANTI ASHRAMA."

P O. DE FOREST, Santa Clara Co.,
Aug. 12, '00.

DEAR JOURNAL: I have taken up a temporary abode with a few friends in this, the wild and beautiful San Antonio valley, 50 miles east of San Jose, in the low rolling hills, amongst the pines and white oaks. We are surrounded on all sides by nature in her simplest mood. Our nearest neighbor is the post-office, 6 miles north. This is a prolific field for a medical botanist; here is plenty of yerba santa, cascara sagrada and californica, manzanita, quercus alba, salix niger, wormwood, yerba buena, cetraria, golden rod, yerbal yantal, wild cherry, wild sage, jasmine, wild cardamon, an abundance of wild kidney tea, which has a great reputation with the mountaineers, spruce gum, pine nuts, etc., and many wild herbs with which I am unacquainted. The altitude is 2200

feet, so the air is clear, pure, cool and pleasant. It is in fact, as its name indicates, "peace retreat." To get here the Lick Astronomical Observatory must be passed, at an elevation of 4500 feet, in the clearest and serenest atmosphere on the coast. There are several undeveloped sulphur springs as well as other mineral waters in the hills near by. Small game abounds but no fish, as the streams are too small. There are quicksilver mines on the opposite hills. Cattle raising is the main occupation of the few people who live in the valley.

I expect to return to civilization next month. Sincerely,

M. H. LOGAN.

A RENEWAL.

MANTON, Tehama Co., Cal.

DEAR JOURNAL: Please find enclosed postage stamps to the amount of \$1.50 for subscription to the JOURNAL from June 1st. Just received appointment as medical examiner for the New York Life Insurance Co. Business quiet, collections slow. Resp'y,

S. H. WEITMAN, M. D.

RETURNED HOME.

HONEY GROVE, TEX, Aug. 13, '00.

DEAR JOURNAL: Leaving your city on the 10th of last month, and after rambling for several days in Southern California, we reluctantly started on our journey for our Texas home, via: Needles, Northern Arizona and New Mexico, through the southeastern corner of Colorado and Southern Kansas and on down through Oklahoma and

Indian Territories. While in Los Angeles I had the pleasure of meeting Drs. O. S. Laws and A. J. Monk. While in the southern part of the State, in addition to seeing many things of interest in Los Angeles, we visited the Pasadena Ostrich Farm, the Old Soldier's Home, Santa Monica (where we took our last plunge in the Pacific), San Bernardino, Riverside etc.

If you have it please send me Feb. 1894 No. of the JOURNAL. Success to you both.

Yours Resp'ly,

MARQUIS E. DANIEL.

Publisher's Notes.

A Word to Eclectic Physicians.

Eclectic physicians have the reputation of being particular about the quality of the medicines that enter into their prescriptions. They know that in the evolution of fluid medicines the acme of pharmacy has been reached in the manufacture of normal tinctures by The Wm. S. Merrell Chemical Co., but owing to years of habit, cultivated at a time when they were unable to obtain Merrell's preparations on the coast, they sometimes continue the practice of prescribing other makes. The necessity of specification is imperative; you have confidence in these medicines; you know they will not fail you; the welfare of your patient and your reputation is at stake; therefore specify Normal Tinctures and see that you obtain them.

Be sure to specify Normal Tinctures

(Merrell's) on your prescriptions.

Intestinal Rest in Typhoid.

It is an axiomatic principle in both surgery and medicine that a congested or inflamed part needs rest.

The surgeon recognizes this when he immobilizes the fractured bone and maintains the fragments in apposition; the physician likewise appreciates the great importance of this principle in cases of gastric ulcer when he feeds his patient by the rectum in order to avoid irritating the inflamed part, either directly, or by exciting gastric motility. Although Typhoid Fever is essentially a systematic disease, its characteristic local lesion is the intestinal ulcer, which should, as far as possible be kept at rest. Milk, which has heretofore been regarded as the only proper exclusive food, is as a recent writer says, "not a liquid diet but a deceptive solid"—capable of filling the small intestines with dense indigestible curds which scratch and irritate the ulcerated bowel, and in addition ferment and cause gaseous distension, tympanites, etc. Liquid Peptonoids, on the other hand, is open to none of these objections. Its administration affords rest to the ulcerated intestinal tract, because:

1st. It is pre-digested and therefore promptly absorbed from the stomach, leaving no residue for the bowell to dispose of.

2d. No curds are formed as from milk.

3d. It is absolutely aseptic and cannot cause fermentation, tympanites

or increased peristalsis, resulting in diarrhea.

4th. It has the requisite nutritive power to maintain life for weeks and even months, especially in febrile conditions.

Another advantage of Liquid Peptonoids is its palatability, which renders it grateful to the patient, especially when given ice cold.

From one to two tablepoonsfuls every two, three or four hours, should be given as necessary. When an efficient intestinal antiseptic is required, as it very frequently is in this disease, Liquid Peptonoids with Creosote provides both food and remedy at one and the same time. The unpleasant taste of the creosote is almost entirely abolished in this combination. Each tablespoonful contains two minims of pure beechwood creosote and one minim of guaiacol, its active principle.

The Wm. S. Merrell Chemical Co., who are always progressive, have adopted a new plan of placing red wrappers on all the poisons they manufacture, in normal tinctures, fluid extracts, pills, etc. This will appeal to the good judgment of every physician and druggist.

Food Theory of Medicine.

Walter Emery Merrill, M. D., U. S. Marine Hospital service says: "Among the advanced members of our profession, I believe the drug tissue-feeding theory no longer obtains. And rightly so, for it has not been proved that medicine is ever, in itself, a food. The large number of malarial cases

emanating from the tropics are cured in the Marine Hospital service, not by tissue feeding, but by ridding the system of the intruder and directing the vital forces along the lines of repair. This I find to be best done by the frequent and judicious administration of laxative antikamnia and quinine tablets."

W. C. Frederick, Lono, Ark., says: I have used S. H. Kenedy's Extract of Pinus Canadensis (dark), one to three of water, in sore throat from cold with splendid results, and have now under treatment a little boy, three years old, suffering from strumous diathesis, who has been afflicted over a year with otorrhea. Have been using as an injection two drachms of S. H. Kenedy's Extract of Pinus Canadensis to four drachms of water, three to five drops, two to three times a day, the ear previously cleansed with castile soap. The little fellow commenced to improve from the very start, and is rapidly improving daily; the discharge has almost ceased. He has been on this treatment for about two weeks.

Sanmetto in Prostatitis and Cystitis.

Dr. F. R. Dobson, of New Orleans, La., late Surgeon U. S. A., writing, says: "While surgeon in first division hospital, stationed at Jacksonville, Fla., I had occasion to see an interesting case of prostatitis treated with Sanmetto, with entire success. The patient was a private in the Second Nebraska Vol., and his condition upon entering the hospital was deplorable,

the bladder being distended with urine, the overflow dribbling constantly. His condition was traceable to gonorrhœal infection. Since my return to New Orleans I treated with Sanmetto a case of purulent cystitis, which had resisted all other treatment. The result of the taking of one bottle of Sanmetto was permanent relief."

Sanmetto in Hematuria.

E. B. Gilbert, M. D. Ph. D., of Carbon, Texas, writing, says: "I used Sanmetto on a patient who had hematuria of long standing, and it gave the very best results. The gentleman came back to my office about ten days after I prescribed Sanmetto to him, and said he had tried four doctors (naming them), and had gotten no good results, but that I had cured him. He being a very influential man, and I being a young physician, it has been worth quite a lot to me in the way of practice. I have on hand at present three genito-urinary cases, who came to me for treatment, as a result of the success I had on that special patient, who would otherwise have gone to their family physicians."

The *Journal of Surgical Technology* is the title of a new periodical, to be published monthly, beginning July 1, 1900. It will be devoted to the technique of surgical procedures at a subscription of \$1.00 a year. Valuable premiums are offered with the first subscriptions. Address the Technique Publishing Co., 404 East 14th St., New York City, N. Y., for sample copy.

Book Notes.

Practical Ureanalysis and Urinary Diagnosis. A manual for the use of physicians, surgeons and students. By Charles W. Purdy L. L. D., M. D., Queens University, Fellow of the Royal College of Physicians and Surgeons, Kingston, Canada; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys;" also of "Diabetes: Its Causes, Symptoms and treatment." Fifth revised and enlarged edition. With numerous illustrations, including photo-engravings, colored plates, and tables for estimating total solids from specific gravity, chlorides, phosphates, sulphates, albumen, reaction of proteids, sugar, etc., etc., in urine. 6 x 9 inches. Pages xvi-406. Extra cloth, \$3.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry St., Philadelphia.

This work on ureanalysis, which has been adopted by every medical college of prominence in this country, has now reached its fifth edition. It furnishes clear, concise, yet adequate information upon all the various constituents found in normal and abnormal urine, and should be in the library of every modern physician. In the light of recent discoveries, many diseases may, by analysis, be diagnosed in their incipency; and a complete examination of the urine should be a routine practice of every general practitioner. The physician of the future will be one who prevents disease, and with even the imperfect agents now at our command we may do much if the condition is discovered early. The large number of deaths from urinary disease in this country is alarming and the only hope

for a decrease lies in the ability of the family physician to recognize pathological conditions.

Cancer of the Uterus. Its pathology, symptomology, diagnosis and treatment, with the pathology of diseases of the endometrium. By Thomas S. Cullen, M. B. (Toronto), associate professor of gynaecology in the Johns Hopkins University. Sold by subscription only: cloth, \$7.50; half-morocco, \$8.50. D. Appleton & Co., 72 Fifth ave., N. Y.

This is a book of over seven hundred pages of text, twelve colored plates, and three hundred illustrations. The work on differential diagnosis together with the complete method of examining scrapings is deserving of special praise. The general practitioner should be capable of diagnosing cancer before it is too late for radical cure and this work gives all necessary instructions for ascertaining the early pathological changes. To the surgeon who must be able to deal with all forms of carcinoma this work, with its numerous cuts and full explanation of the latest and best modes of operative procedure will prove of value.

In the concluding chapter the author furnishes statistics as to the result of various operations, probabilities of implantation, and the various theories of etiology are discussed. We especially commend the position taken in regard to palliative treatment. The common use of tonics and stimulants in the last stages is condemned as only serving to prolong the agony, when death is certainly a relief.

One might continue to praise this magnificent work from cover to cover,

and still there would be points deserving more praise. We cannot do it justice with the limited time and space at our disposal but can assure our readers that it is the most complete volume upon this important subject that it has been our privilege to examine.

Medicine as a Business Proposition; by Frank Lydston, M. D.

This little pamphlet is published by the Riverton Press, 132 Market St., Chicago, price 25c. The author assumes that the practice of medicine is a financial failure and gives as reasons for such failure: false pretenses of prosperity; lack of judgment of human nature; college, hospital and dispensary evils; superabundance of medical colleges; inconsistencies and absurdities of ethics; proprietary medicine fakes; druggists; etc.; with sly criticism of the "tin-gods" of medicine, and the employment of steerers and other evidence of excess of business zeal.

It makes an extremely readable little book and all of us must admit that most of the statements are true.

Stringtown on the Pike; by John Uri Lloyd.

The first edition of "Stringtown on the Pike," by John Uri Lloyd will appear about October 1st. Dodd, Mead & Co. are the publishers. Club rates with the JOURNAL will be announced later.

"The Chuzzletops beat the world in economy. When Chuzzletop gets a cold he doesn't get his prescription filled until his wife gets a cold, too."-Ex.